

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, *ex rel.*
State Engineer

Plaintiff,

vs.

ROMAN ARAGON, *et al.*,

Defendants.

69cv07941-BB

RIO CHAMA STREAM SYSTEM
Sections 7: Rito de Tierra Amarilla,
Rio Brazos, Rutherford & Plaza Blanca,
Cañones Creek, Village of Chama

CERTIFICATE OF SERVICE

Edward G. Newville, attorney for the Plaintiff State of New Mexico, *ex rel.* State Engineer states that pursuant to Fed. R. Civ. P 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendant was served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to Robert F. Sanchez. A copy of the Defendant's signature receipt is attached as an exhibit hereto.

<u>Defendant</u>	<u>Subfile</u>	<u>Date of Signed Receipt</u>
Robert F. Sanchez	CHRB-005-0003A CHRB-005-0003B	December 14, 2007

Dated: January 15, 2008

Respectfully submitted.

/s/ Ed Newville
EDWARD G. NEWVILLE
Special Assistant Attorney General
Office of State Engineer
P.O. Box 25102
Santa Fe, NM 87504-5102

(505) 867-7444 phone
(505) 867-2299 facsimile

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 15th day of January, 2008 I filed the foregoing electronically through the CM/ECF system which caused the parties on the electronic service list, as more fully set forth in the Notice of Electronic Filing, to be served via electronic mail, and served the following non CM/ECF participant in the manner indicated:

Via first class mail, postage prepaid addressed as follows:

Robert F. Sanchez
P.O. Box 695
Las Vegas, NM 87701

/s/ Ed Newville
EDWARD G. NEWVILLE

CHRB-005-00034+3

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Robert F. Sanchez
P.O. Box 695
Las Vegas, NM 87701

RESTRICTED DELIVERY

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label) 70993220000407675579

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Ex. 1